

NAME OF PERSON REQUESTING		ACTIVITY	DATE
1. NAME/GRADE		2. SOCIAL SECURITY NO.	
3. NUMBER OF DEPENDENTS		4. DATE DETACHED	
5. AVAILABLE DATE	CONCURRENT TRAVEL (If no, depts tr/date) <input type="checkbox"/> YES <input type="checkbox"/> NO		
6. ORIGINATING STATION	7. ULTIMATE DUTY STATION		
8. INT. OVERSEAS STATION	9. EAOS OF MEMBER		
10. LEAVE ADDRESS		PHONE	
11. NUMBER OF YEARS OBLIGATED FOR DESTINATION IAW BUPERS 1300.26F			
12. METHOD OF TRAVEL TO POE (Circle One) <div>POV</div> <div>GTR</div>			
13. ADDITIONAL INFORMATION			

[illegible]